

## Guidelines for the Prevention and Control of Influenza in Assisted Living Facilities and Other Non-Healthcare Group Settings

The Virginia Department of Health (VDH) recommends the following general strategies to prevent the spread of influenza in group settings. Some planning and preparation activities should take place before the beginning of the influenza season. Some additional activities are recommended when a resident develops an influenza-like illness. Additional actions may be required if many cases develop and an outbreak (or suspected outbreak) occurs within a facility.

The local health department has personnel with experience and expertise in the management of respiratory illness in assisted living facilities and other group settings. They should be consulted before the influenza season for advice on the use of influenza vaccines and as needed during the influenza season. Facility managers are reminded that an outbreak or suspected outbreak of influenza or influenza-like illness must be reported to the health department.

### Planning and Preparation Activities

- Encourage all residents and personnel to receive seasonal influenza vaccine as soon as vaccine is available each fall.
- Encourage good infection control practices throughout the year by displaying posters that remind residents, employees, and visitors about proper hand hygiene, respiratory hygiene, and cough etiquette. Sample posters are available in this toolkit and at: <http://www.cdc.gov/flu/freeresources/print.htm>.
  - Provide sufficient opportunities and supplies for washing or sanitizing hands in common areas, such as lobbies, corridors, and restrooms. Alcohol-based hand sanitizers can be used if soap and water are not available.
- Encourage all residents and persons who enter the facility (including employees, volunteers, contractors, regular visitors, and others) to monitor themselves daily for influenza-like illness (fever, cough, and sore throat). This is especially important when the influenza season starts.
- Remind employees and visitors with influenza-like illness that they should stay at home and away from the group setting when they are sick. The Centers for Disease Control and Prevention (CDC) recommendations are to stay home for at least **24 hours** after the fever is gone without the use of fever-reducing medicines.
- Prepare signs and letters for use if visitors must be limited or other restrictions may be necessary during the influenza season. An example is included in this infection prevention toolkit.
- Review environmental cleaning policies and procedures with housekeepers. Frequently touched hard surfaces (such as countertops, bed rails, door knobs, and bathroom surfaces) should be cleaned routinely and if they become visibly soiled by wiping surfaces down with an Environmental Protection Agency (EPA)-registered disinfectant, following directions on the product label. Maintain a supply of disinfectants and other cleaning supplies.

### **Consultation with the Local Health Department**

- Review the facility's policies and procedures for monitoring respiratory illness and when and how to notify the local health department.
- Maintain an illness log so baseline respiratory illness rates can be determined. Knowledge of baseline rates is needed to know when an outbreak is suspected or definitely occurring.
- Determine when to notify the health department. This is usually based on number of cases above baseline or by severity of illness (residents requiring hospitalization).

### **Actions When an Individual with a Febrile Respiratory Illness is Identified**

- Notify the nurse in charge or the facility manager.
- If the individual appears to be severely ill, he/she should be referred immediately for evaluation and additional medical care, including hospital admission if necessary.
- Assist the resident in contacting his/her healthcare provider to determine whether antiviral drugs or other medications are indicated.
- If the person is able to remain in the residential facility:
  - The ill person should be asked to remain in his/her room and away from other people.
  - If the ill person needs to go into a common area, he/she should cover coughs/sneezes with a tissue or wear a face mask if he/she is able to tolerate the mask.
  - Provide disposable tissues, waste container, and assure access to hand wash facilities or hand sanitizer.
  - Arrange for delivery of meals to the person's room, and assure availability of water, juice, or other liquids to supplement the usual diet.
  - Assure that the person is monitored for increasing severity of illness.
  - Employees caring for ill residents should use standard and droplet precautions when entering the resident's room.
  - Consult with the local health department to determine whether laboratory testing is indicated. See the section below for additional information on laboratory testing.
- If the person shares a room with another resident, determine how best to manage the other resident. Options might include:
  - Move the person to another private room. The roommate may already be infected with the same respiratory virus, so should not be placed where he/she can expose others.
  - Leave the person where he/she is. Use of screens or a curtain between beds may decrease movement of virus-containing droplets generated by coughing and sneezing, and might decrease risk to the other resident.
- Consult with the health department or ask the resident to contact his/her healthcare provider to determine whether the other resident should receive antiviral prophylaxis.

## Management of an Influenza Outbreak

Once influenza is present in employees or residents of a facility, it often spreads rapidly. Infection may be transmitted to outside the facility by employees infecting family members, and by visitors who are infected in the facility and infect others in the community. Employees, visitors, and returning residents can also introduce or re-introduce influenza into the facility, so outbreaks can be prolonged or occur more than once during a season.

- Facility management should immediately contact the health department if an increase in cases of influenza-like illness is observed. The facility and the health department should work together to develop prevention and control measures appropriate for the facility.
- The facility should maintain heightened surveillance for febrile respiratory illness among residents and staff. A list of ill individuals and their symptoms should be kept by the facility and be available for review by the health department.
- Other prevention and control measures may include:

### Resident-Centered Measures

- Employees caring for ill residents should use standard and droplet precautions when entering an ill resident's room.
- To the extent possible, employees should be assigned to care for only ill residents or only well residents.
- Remind ill residents to stay in their room as much as possible, cough and sneeze into tissues, dispose of used tissues properly, and wash their hands frequently.
- Consider canceling group activities to limit interaction of mildly ill and well residents.
- Consider outreach to family members and other visitors. The privacy and confidentiality of individual residents must be protected but signs can be posted at building entrances and residents can be encouraged to notify family members and other visitors.
  - Individuals at risk for complications if they develop influenza should be informed so they can avoid visiting the facility during the outbreak.
  - Visitors to an ill resident should be instructed to wear a surgical mask while with the resident, and to wash hands carefully upon entering the resident's room and again when leaving the room.
  - Anyone sick with influenza or another respiratory infection should be asked not to visit until they have recovered
- It may be necessary to close the facility to new admissions until the outbreak is over (i.e., at least 7 consecutive days without any new cases).
- If new residents are accepted, they should have received seasonal influenza vaccine or receive it at the time of admission.

- Consult the local health department for recommendations on antiviral use (see below).

### Employee-Centered Measures

- Employees should be encouraged to receive influenza vaccine if they did not receive vaccine before the beginning of the flu season. Individuals receiving vaccine will develop immunity within two weeks, which will protect them for the remainder of the flu season.
- Ill employees, volunteers, contractors, consultants, and others who enter the facility should stay away from the facility for at least 24 hours after their fever is gone without the use of fever-reducing medicines.
  - In settings where the population contains a large proportion of persons at high-risk for influenza complications, the health department may recommend that ill persons be excluded for a longer period, as people with influenza can shed the virus for a few days after the acute illness.
- Hand washing, use of standard and droplet precautions, and attention to environmental cleaning should be re-emphasized and barriers to adherence (e.g., supply shortages) removed.
  - Environmental cleaning of frequently touched surfaces and objects (e.g., door knobs, bed rails, counter tops, medication and snack carts) is especially important.

### Laboratory Testing

Decisions on laboratory testing during a suspected outbreak in a group-care setting should be made in collaboration with the local health department. Reasons for laboratory testing include:

- To confirm that an outbreak of an influenza-like illness (ILI) in a facility is caused by influenza. Other respiratory viruses (e.g., adenovirus, parainfluenza, respiratory syncytial virus) can cause ILI outbreaks.
- To determine the influenza type associated with the outbreak. Knowledge of the influenza type and sub-type [e.g., influenza B versus influenza A (H1N1) or A (H3N2)] may help public health officials determine the best choice of antiviral drugs, and will identify new viruses if they appear during the influenza season.
- Additional laboratory testing, including viral culture, may be needed if symptoms persist despite appropriate antiviral treatment or prophylaxis. Resistance to the antiviral agent used can occur quickly. Immunocompromised individuals may be at increased risk for persistent infection and emergence of an influenza virus with resistance to available antiviral agents.

As resources permit, the local health department will coordinate the submission of several specimens to the Division of Consolidated Laboratory Services (DCLS) for outbreak confirmation. DCLS provides “flu kits,” which include materials for specimen collection and transport [e.g., nasopharyngeal (NP) swabs, viral transport media]. NP swabs collected from persons within the first two days of illness onset are the specimens of choice.

## **Use of Antiviral Drugs**

Treatment: Early treatment of influenza-infected individuals with antiviral medications is indicated for residents who are hospitalized or at high-risk for complications from influenza. If the resident is not hospitalized or in a high-risk group, clinical judgment should be used to guide treatment decisions.

Prophylaxis: Use of antiviral drugs to prevent influenza is sometimes recommended for individuals at increased risk for complications if they develop influenza, and for groups of people (e.g., residents and employees of a facility) to control an outbreak in a facility. Decisions on prophylaxis should be made in partnership with the local health department, based on the nature of the outbreak and the population affected.

## **Additional Information**

*Your local health department knows you and your community best. You should always call them first if you suspect an outbreak may be occurring or if you have questions about influenza prevention and control in your facility.*

General information on influenza is available at: <http://www.cdc.gov/flu/>. This website includes recommendations for the use of influenza vaccine and antiviral drugs, as well as other prevention and control guidelines. It also contains fact sheets and other interesting and useful information for healthcare providers and for the public including residents of assisted living facilities and their families and friends.